

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

April to June 2005



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GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

Customer Service Terminology

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
 - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
 - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
 - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
 - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

Private Health Information

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

EXECUTIVE SUMMARY

- The CSCR Team responded to 740 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- There was a 232 percent increase in the total number of cases during the last 21 months (page 9).
- There has been a corresponding 124 percent increase in the number of staff responses to cases during the last 21 months (page 12).
- The average number of responses from the CSCR Team to address Complaint/Concern, Information/Referral and Investigations is four follow-up activities and the average number of responses per Medicaid Appeal cases is three (page 13).
- The most common sources of Complaints/Concerns, Information/Referrals, and Investigations continue to come from family members and consumers (page 13).
- “Access to services” remained the most prevalent concern with more than four times the volume as “client rights” concerns, the next highest category (page 16).
- Cases involving mental health issues continued to be the most prevalent and substance abuse issues were the next most prevalent type of cases. The third most prevalent type of cases involved persons with a dual diagnosis of mental health and developmental disabilities. Developmental disability issues represented only about 11 percent of the cases (page 18).
- A slightly higher percentage of cases concerned male consumers (50 percent) than female consumers (34 percent). Sixteen percent of the cases were not applicable to a specific consumer (page 19).
- Complaint/Concern, Information/Referral and Investigation requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was sixteen cases (page 21).
- Local staff from LMEs and providers referred the majority of the investigations based upon information in complaints, concerns, provider monitoring, etc. (page 24).
- The most prevalent number of investigations (12 cases) involved consumers with developmental disabilities. There were 11 investigations involving consumers with mental health issues. There were two investigations each for consumers with a dual diagnosis of mental health and developmental disabilities issues and one investigation involving a consumer with substance abuse issues (page 25).

- The CSCR Team received 115 requests to file Medicaid Appeals during this report period. Fifteen appeals involving CAP-MR/DD Waiver issues were filed and represented Thirteen percent of the appeals total. The CAP-MR/DD appeals from last quarter represented 32 percent of the total appeals (page 26).
- Medicaid Appeals were filed by recipients residing in the catchment areas of 19 AP/LMEs (page 28).
- Forty nine percent of AP/LME local review decisions for Medicaid appeals were overturned in favor of the appellants (page 30).
- Out of 115 Medicaid appeals filed, only nineteen (17 percent) were scheduled as a DMH/DD/SAS hearing (page 32).
- Eighty-nine of the 115 (77 percent) Medicaid hearing requests were withdrawn after a request for DMH/DD/SAS hearing (page 32).
- Six (31 percent) of the nineteen DMH/DD/SAS scheduled Medicaid hearings involved CAP-MR/DD services (page 33).
- The Office of the Attorney General reports 9 Medicaid appeals were under review by the Office of Administrative Hearings (OAH) during the report period. Two cases were closed and two new cases were filed. Five cases were still in the review process. CAP-MR/DD issues were involved in all eight of these OAH petitions (page 35).

INTRODUCTION

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the fourth quarter of the 2004/2005 fiscal year which includes the months of April, May and June 2005.

The Customer Service and Community Rights Team

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E) and
- To monitor the community customer service system.

There are two main parts to this report: Part I of the report will look at Complaint/Concern data, Information/Referral data, and Investigations. Part II will review Medicaid Appeal information.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes in system reform to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.¹

¹ Please contact Glenda Stokes (glenda.stokes@ncmail.net) or Stuart Berde (stuart.berde@ncmail.net) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

PART I: COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS

Part I describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team. Part I is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaint/Concern and Information/Referral cases and Section D provides information about Investigations.

Section A - Volume of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals)

Table 1 – Total Cases Addressed Between April to June 2005

Case Type	Number of Cases	% of Total
Information/Referrals	461	61%
Complaints/Concerns	138	19%
Medicaid Appeals	115	16%
Investigations	26	4%
Total	740	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from April to June 2005. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 461 (61 percent) Information/Referral cases and 138 (19 percent) Complaint/Concern cases. Team members also addressed 115 Medicaid Appeal requests (16 percent) and 26 Investigations (four percent) between April to June 2005.

Table 2 - Historical Case Comparisons Between January to March 2005 and April to June 2005

Case Type	January to March 2005 Cases	April to June 2005 Cases
Information/Referrals	416	461
Complaints/Concerns	131	138
Medicaid Appeals	33	115
Investigations	21	26
Total	601	740

Figure 1 - Historical Case Comparisons Between January to March 2005 and April to June 2005

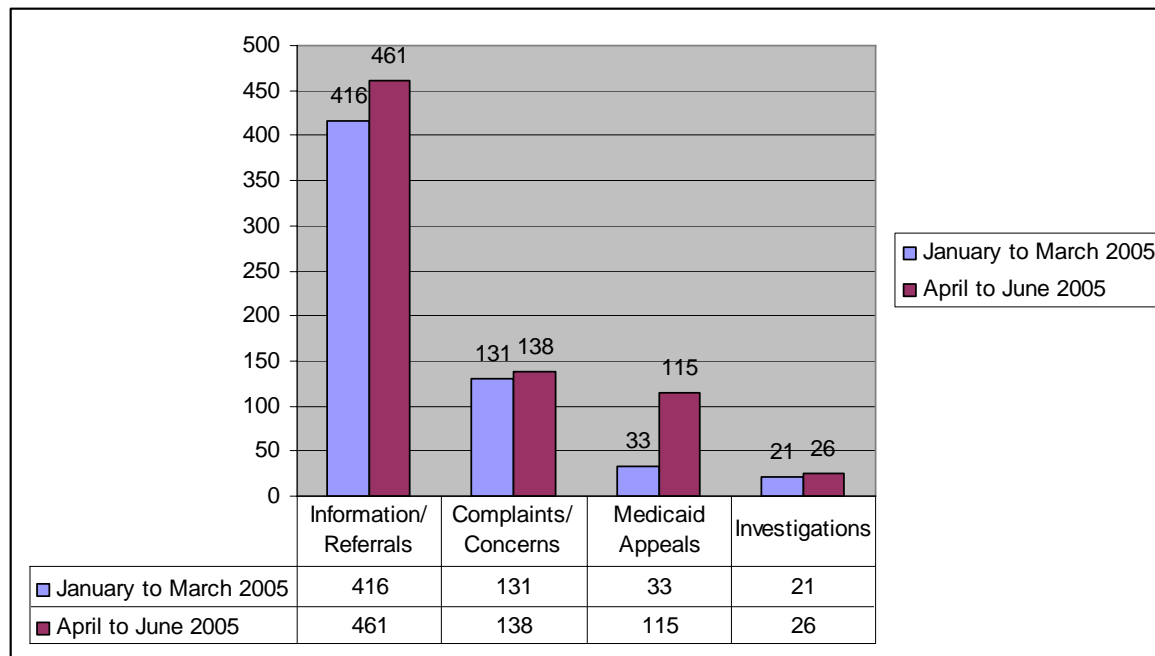


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between January to March 2005 and April to June 2005. During the period of January to June 2005, 601 cases were addressed in January to March and 740 cases were addressed in April to June 2005. The number of Information/Referrals increased from 416 cases in January to March 2005 to 461 cases in April to June 2005 and the number of Medicaid Appeals increased from 33 in January to March 2005 to 115 in April to June 2005. The number of Investigations increased from 21 in January to March 2005 to 26 in April to June 2005 and the number of Complaints/Concerns increased from 131 in January to March 2005 to 138 in April to June 2005.

Table 3 - Customer Service And Community Rights Average Monthly New Cases

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	78 per month
April to June 2004	87 per month
July to September 2004	122 per month
October to December 2004	152 per month
January to March 2005	200 per month
April to June 2005	246 per month

Figure 2 - Customer Service And Community Rights Average Monthly New Cases

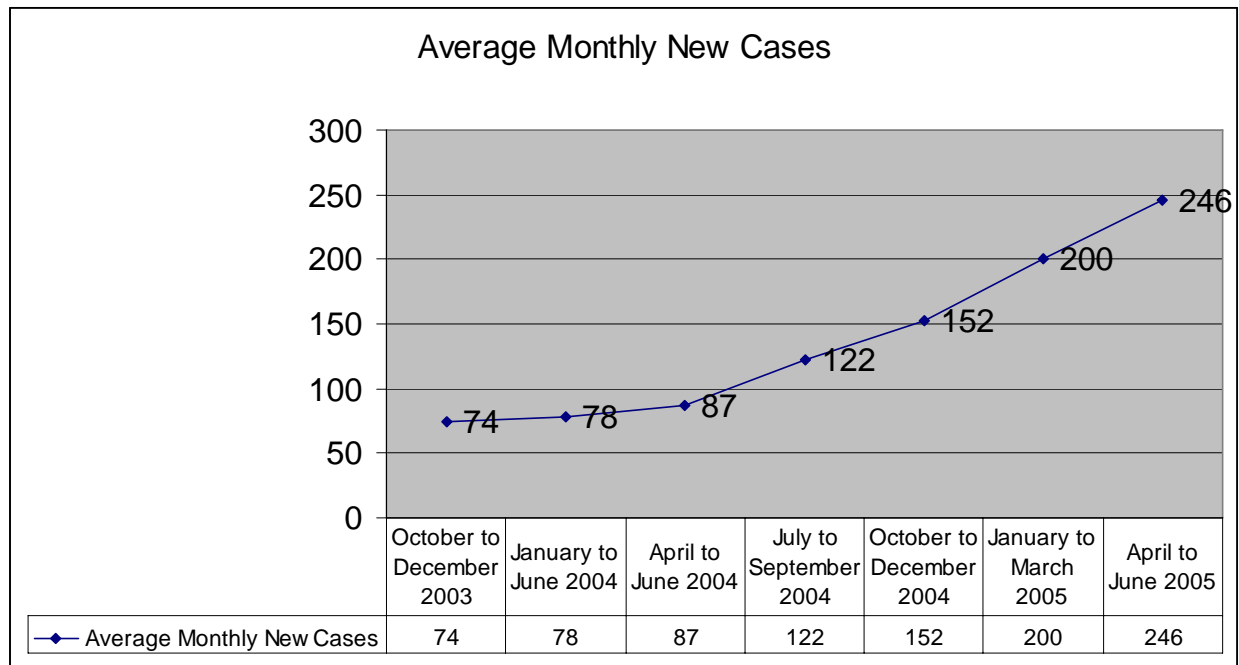
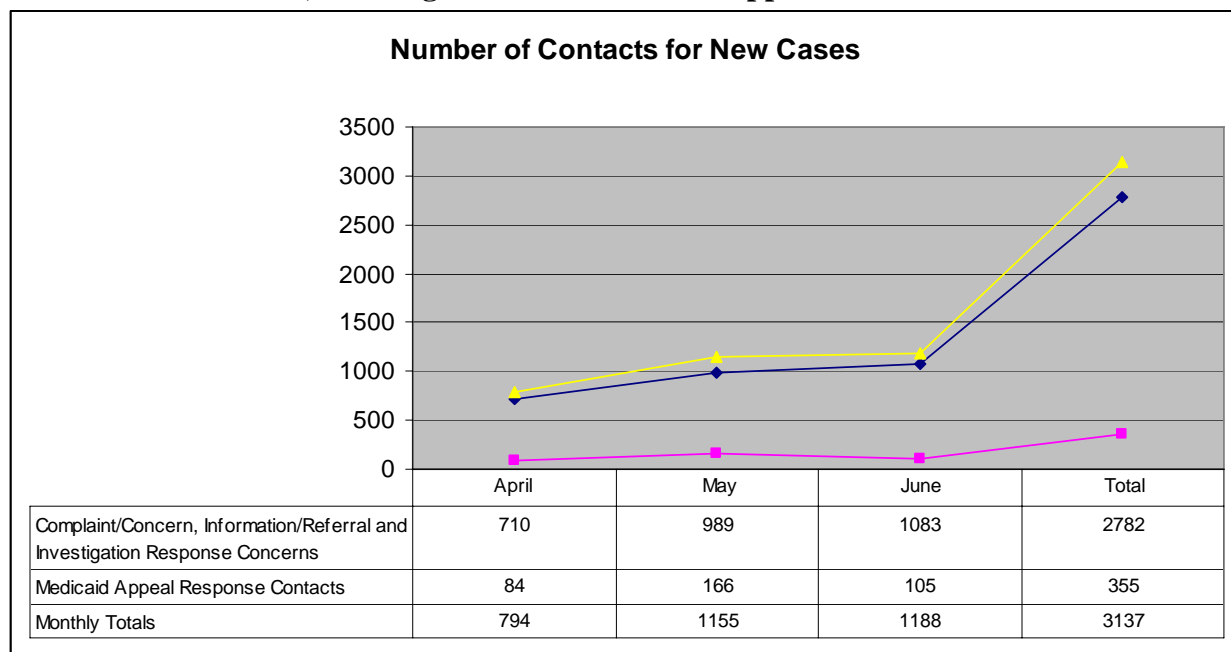


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the 21 months. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to March 2004 the average was 78 per month. From April to June 2004, the average monthly number of new cases was 87 per month and from July to September 2004, there was an average of 122 new cases per month. There was an average of 152 new cases from October to December 2004 and from January to March 2005, there was an average of 200 new cases. From April to June 2005, there was an average of 246 new cases per month. **As a result, there is a 232 percent increase in the average monthly case load over the last 21 months.**

Table 4 - Number of Contacts in Response to Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals

Types of Cases	April	May	June	Totals by Type
Complaint/Concern, Information/Referral, Investigation and Response Contacts	710	989	1083	2782
Medicaid Appeal Response Contacts	84	166	105	355
Monthly Totals	794	1155	1188	3137

Figure 3 - Number of Contacts in Response to Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals



Response by CSCR Team: Table 4 and Figure 3 list the staff responses or contacts to the Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals from April to June 2005. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or to identify a contact person for the individual. A total of 3137 identified responses were made by staff regarding 740 cases from April to June 2005.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a case manager.² After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

² AP/LMEs designate a Customer Service staff person to assist complainants at the local level. Names of these individuals can be found in the North Carolina Council of Community Programs Directory. A copy of the North Carolina Council of Community Programs Directory is available by calling (919) 327-1500

Table 5 – Historical Case Response Comparisons Between January to March 2005 and April to June 2005.

Case Type	January to March 2005	April to June 2005
Complaint/Concerns, Investigations, Information/Referrals	2232	2782
Medicaid Appeals	139	355
Totals	2371	3137

Figure 4 – Historical Case Response Comparisons Between January to March and April to June 2005

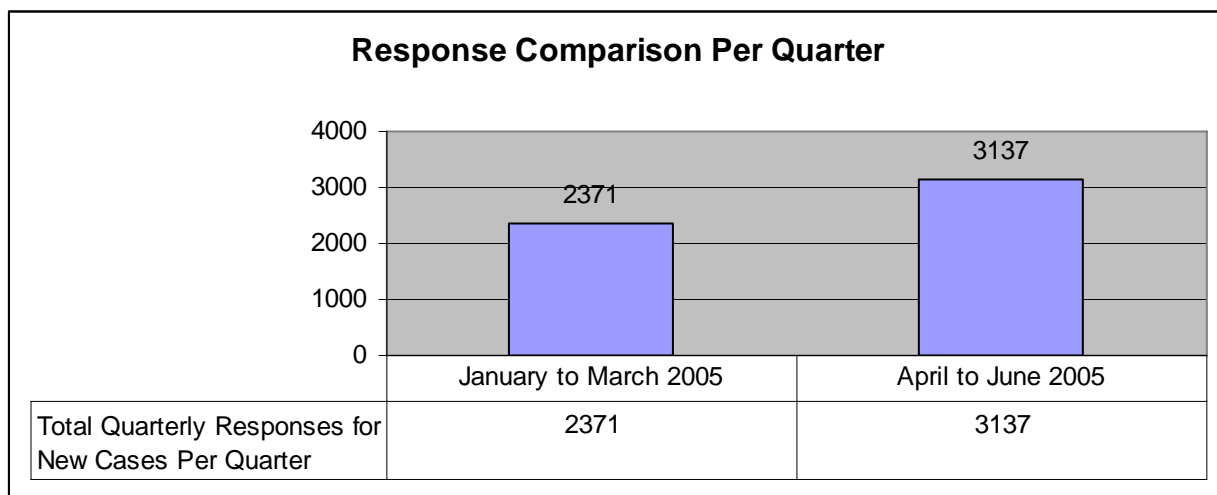
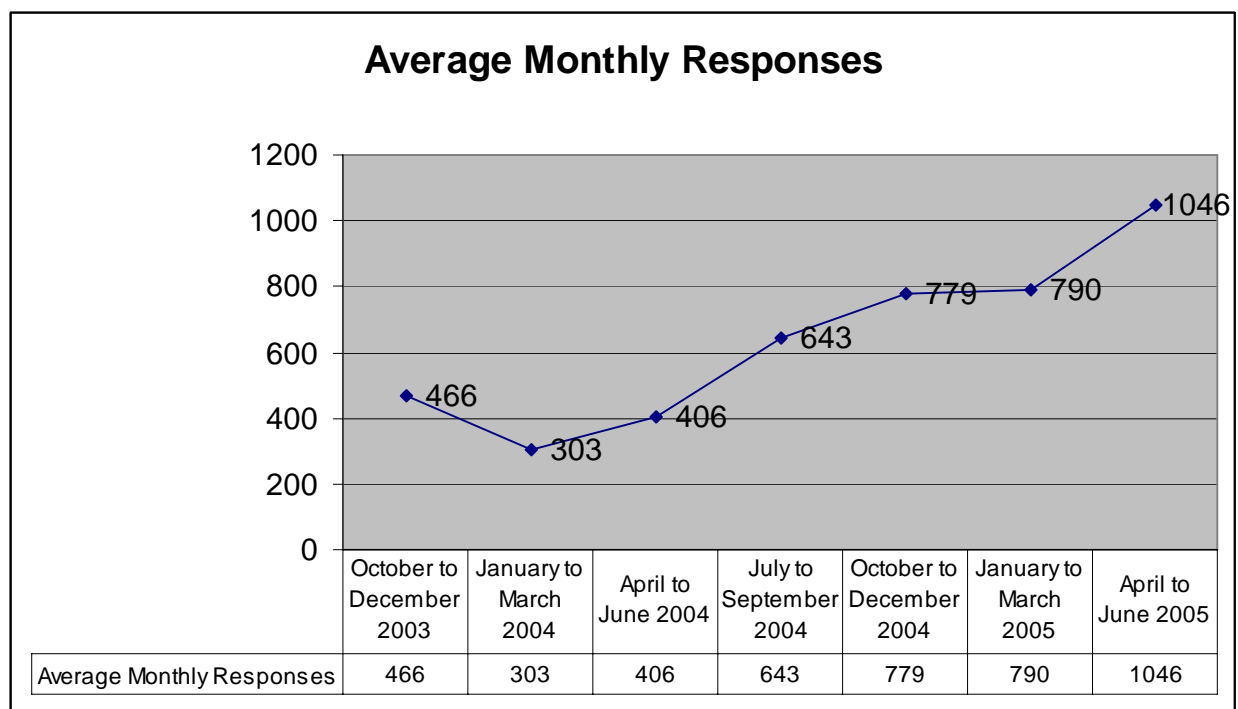


Table 5 and Figure 4 indicate that the number of staff responses to new cases in April to June was greater than January to March 2005. In January to March 2005, there were 2371 responses for 568 new cases and in April to June 2005, there were 3137 responses to 740 new cases.

Table 6 - Responses to New Cases: Historical Summary

Time Period	Average Monthly Number of Responses for New Cases
October to December 2003	466 per month
January to March 2004	303 per month
April to June 2004	406 per month
July to September 2004	643 per month
October to December 2004	779 per month
January to March 2005	790 per month
April to June 2005	1046 per month

Figure 5 - Responses to New Cases: Historical Summary



The number of staff responses to informally resolve new cases has increased considerably in the 21 months. The average monthly number of responses for October to December 2003 was 466 per month and 303 per month for January to March 2004. There was an average of 406 per month from April to June 2004 and the average monthly number of responses to new cases from July to September 2004 was 643. From October to December 2004, there was an average of 779 responses to new cases and from January to March 2005, the average number of responses was 790 per month. The average monthly responses to new cases from April to June 2005 was 1046. **As a result, there was a 124 percent increase in the average monthly responses over the last 21 months.**

Table 7 - Average Total of Monthly Responses Per Complaints/Concerns, Investigations, Information/Referrals and Medicaid Appeals for April to June 2005

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concerns, Information/Referral, Investigations and Responses	2782	625	4
Medicaid Appeal Responses	355	115	3
Total	3137	740	4

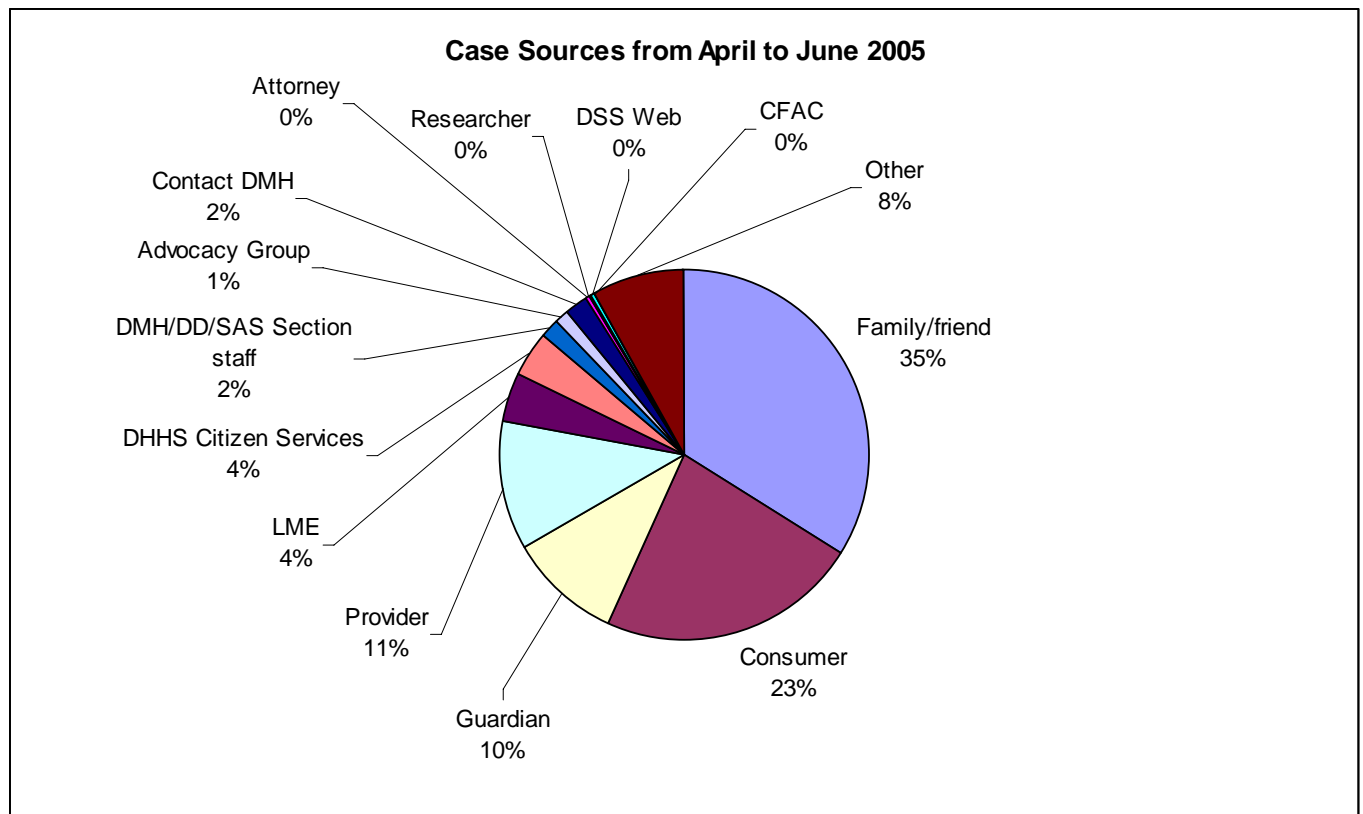
Since several responses were required for each of the 740 cases of Complaints/Concerns, Information/ Referrals, Investigations and Medicaid Appeals, there were 3137 identified responses for these cases. There were 355 total identified responses for the 115 Medicaid Appeal cases. The average monthly number of responses per each Medicaid Appeal was three and the average monthly number of responses for each of the other types of cases was four.

Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations

Table 8 - Case Sources From April to June 2005

Source Type	Number of Cases	% Of Total
Family/friend	211	35%
Consumer	143	23%
Guardian	63	10%
Provider	69	11%
LME	28	4%
DHHS Citizen Services	25	4%
Contact DMH/DD/SAS	12	2%
DMH/DD/SAS Section staff	10	2%
Advocacy Group	8	1%
Attorney	2	Less than 1%
Researcher	2	Less than 1%
DSS Web	1	Less than 1%
CFAC	1	Less than 1%
Other	50	8%
Total	625	100%

Figure 6 - Case Sources From April to June 2005



Case Sources: The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 14 different sources which are listed in Table 8 and Figure 6. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who, in turn, forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 417 (68 percent) of the 625 Complaint/Concern, Information/Referral or Investigation cases. Consumers initiated 143 (23 percent), family/friends initiated 211 (35 percent) and guardians initiated 63 (ten percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 69 cases (11 percent) while the North Carolina DHHS Office of Citizen Services initiated 25 cases (four percent) to the CSCR Team. Twenty-eight case sources (four percent) were from LME staff and DMH/DD/SAS staff initiated ten of the cases (two percent). Twelve Contact DMH e-mails (two percent) were submitted and advocacy groups were the source for 8 cases. There were 50 case sources (eight percent) called “other” representing non-specified categories that were not in our protocol. Attorneys, Consumer and Family Advisory Committees (CFACs), researchers and the DSS website were the sources for a total of six cases and each source represented less than one percent of the cases.

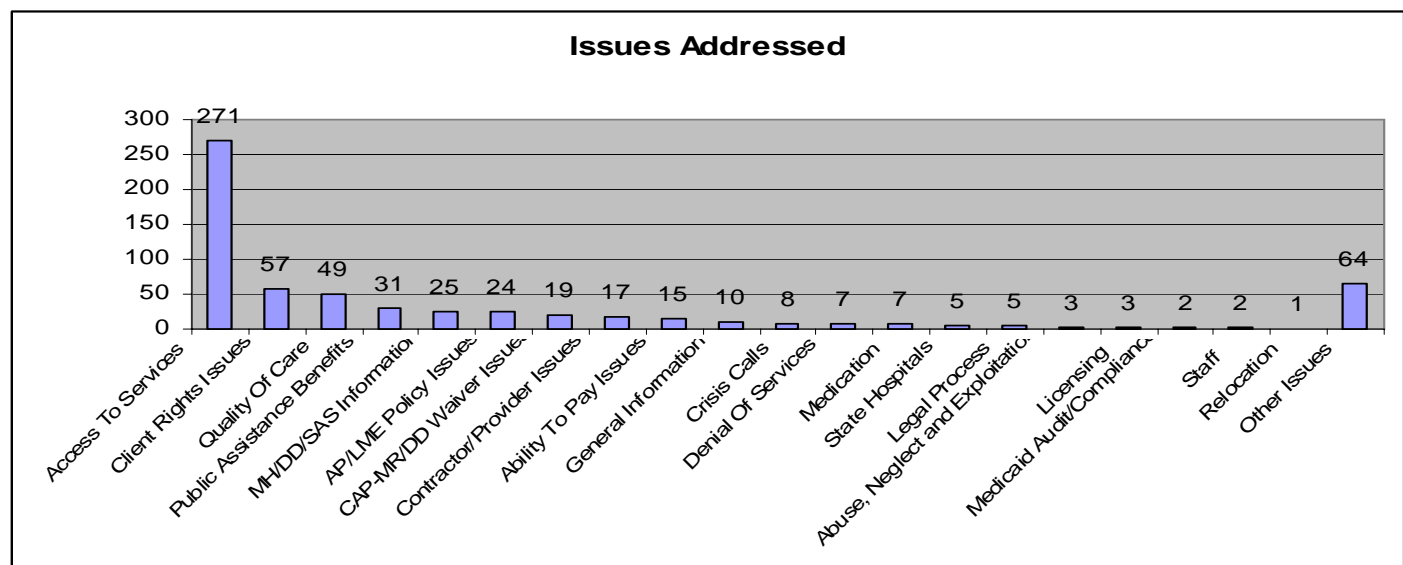
Table 9 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases

Issue	Definition/Comment
Abuse and Neglect	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies</i>
Ability to Pay	<i>Concerns over consumer's financial obligation</i>
Access	<i>Requests for services</i>
Advocacy and Support	<i>Information provided regarding advocacy groups or websites</i>
AP/ LME Policy	<i>Disputes over AP/LME administrative or service policy</i>
Authorization/Service Orders/Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Benefits	<i>Disability benefits questions (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Call	<i>Calls that indicate an urgent crisis</i>
Denial	<i>Concerns over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
Information on MH/DD/SAS issues	<i>Information requested regarding any rules, statues, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform process, service definitions, statistics or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided</i>
Licensing	<i>Information regarding licensing or certification for MH/DD/SA services</i>
Medicaid Audit/ Compliance	<i>Information regarding Medicaid audits, documentation and compliance issues</i>
Medicaid Waiver (CAP-MR/DD)	<i>Regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Provider/ Contractor	<i>Provider performance or policy</i>
Relocation	<i>Requests by families or other MH/DD/SAS professionals for assistance with services as they are planning for relocation to or within North Carolina</i>
Rights	<i>Alleged violations of rights in law or administrative rule</i>
Service Quality	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Issues regarding personnel issues are directed to appropriate Area Program/LME, Provider or State facility staff</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

Table 10 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals From April to June 2005

Issue	Total	% of Total
Access To Services	271	43%
Client Rights Issues	57	9%
Quality Of Care	49	8%
Public Assistance Benefits	31	5%
MH/DD/SAS Information	25	4%
AP/LME Policy Issues	24	4%
CAP-MR/DD Waiver Issues	19	3%
Contractor/Provider Issues	17	3%
Ability To Pay Issues	15	2%
General Information	10	2%
Crisis Calls	8	1%
Denial Of Services	7	1%
Medication	7	1%
State Hospitals	5	1%
Legal Process	5	1%
Abuse, Neglect and Exploitation	3	Less than 1%
Licensing	3	Less than 1%
Medicaid Audit/Compliance	2	Less than 1%
Staff	2	Less than 1%
Relocation	1	Less than 1%
Other Issues	64	10%
Grand Totals	625	100%

Figure 7 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Information/Referrals, Investigations and From April to June 2005



Issues Addressed: Table 9 describes the issue categories most commonly addressed. The Complaint/Concern, Information/Referral and Investigation cases encompass a wide variety of issues. Table 10 and Figure 7 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (271 or 43 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer service coordinator. After a referral, the local customer service coordinator will provide case updates and resolution information to the CSCR team.

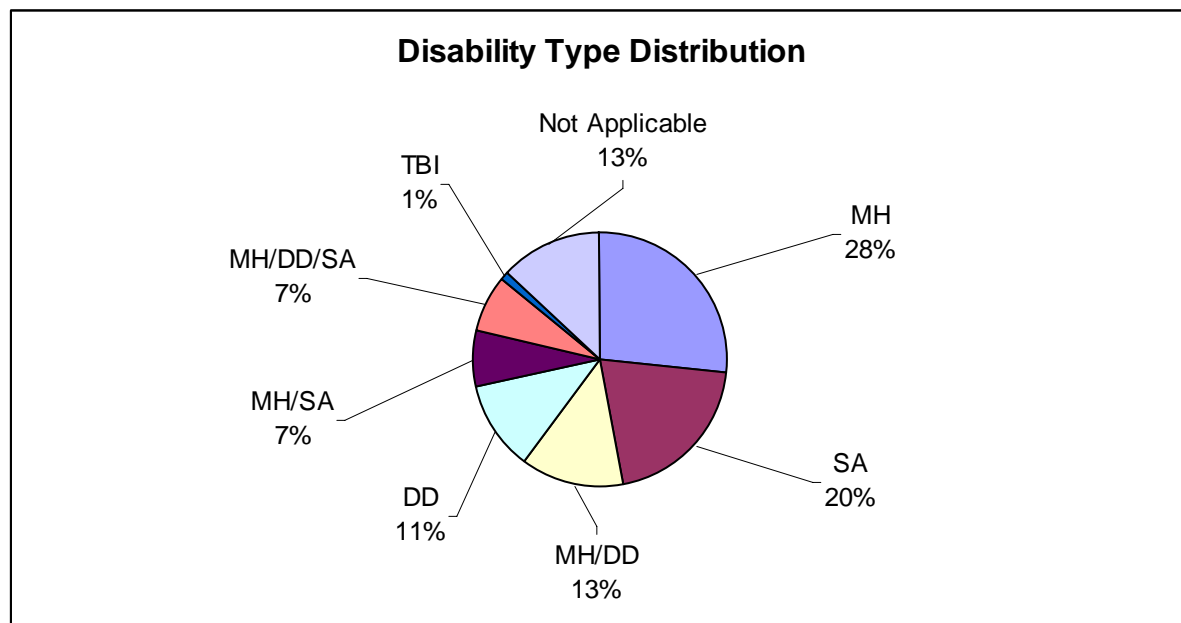
The next most prevalent cases were client rights issues which had 57 cases (nine percent). Quality of care (49) was eight percent of the cases and information about public assistance benefits (31) was five percent. Information regarding mh/dd/sas (25) and AP/LME Policy Issues (24) each had four percent of the case issues. CAP-MR/DD (19) and contractor/provider issues (17) each had 3 percent of the case issues. Ability to pay (15) and general information (10) each had two percent of the cases. Crisis calls (8) represented one percent of the cases and both denial of services and medication had seven cases, which were each one percent. One percent or five cases were submitted in both State hospitals and legal process categories. The following issues had less than one percent of the cases: abuse, neglect and exploitation (3) licensing (3), Medicaid audit/compliance (2) staff (2) and relocation (1).

Sixty-four cases are in the “other” category and were ten percent of the total cases. Examples include requests for information on housing, employment and mediation training.

Table 11 - Disability Group Distribution of Cases for April to June 2005

Disability	Total	% of Total
MH	166	28%
SA	128	20%
MH/DD	81	13%
DD	71	11%
MH/SA	46	7%
MH/DD/SA	45	7%
TBI	6	1%
Not Applicable	82	13%
Total	625	100%

Figure 8 - Disability Group Distribution of Cases for April to June 2005



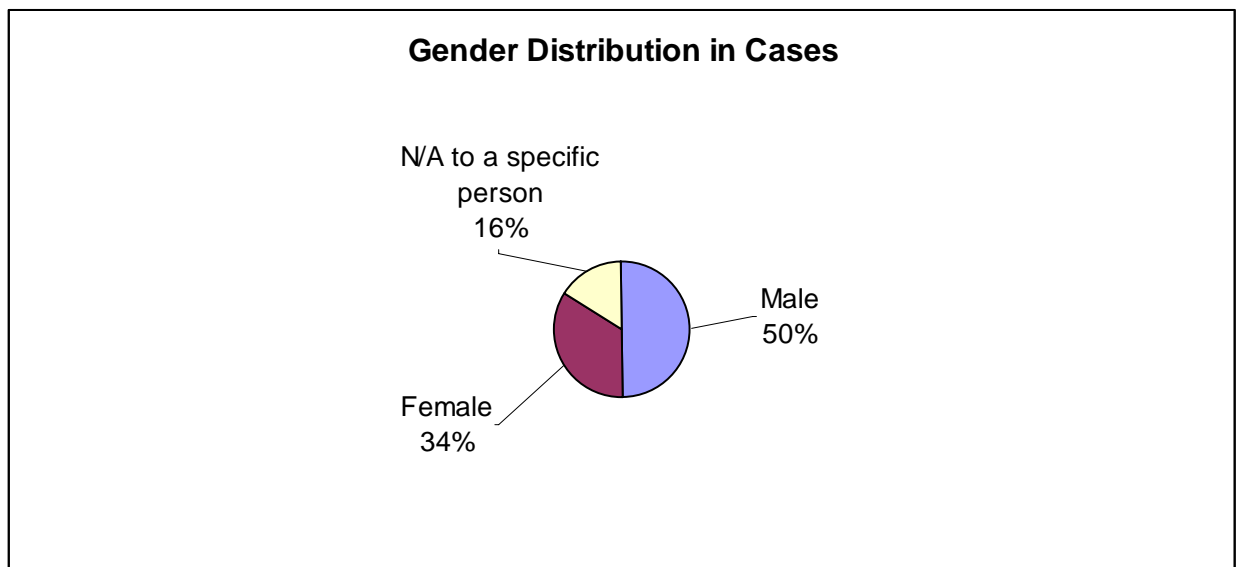
Disability Type Representation: Table 11 and Figure 8 show disability groups that were represented in the 625 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Mental health consumer service cases represented 166 (28 percent) of the total. The next most prevalent disability group was substance abuse with 128 (20 percent) of the cases. Eighty-one cases (13 percent) were related to dual diagnosis of MH/DD and 71 (11 percent) were developmental disabilities cases. Forty-six cases (seven percent) were related to dual diagnosis of MH/SA issues and 45 (seven percent) were related to multiple MH/DD/SAS issues. Eighty-two inquiries (13 percent) were not applicable to any particular disability group and six cases (one percent) were related to Traumatic Brain Injury (TBI).

Table 12 - Gender Distribution of Issues for April to June 2005

Gender	Number	% of Totals
Male	309	50%
Female	213	34%
N/A to a specific person	103	16%
Total	625	100%

Figure 9 - Gender Distribution of Issues for April to June 2005



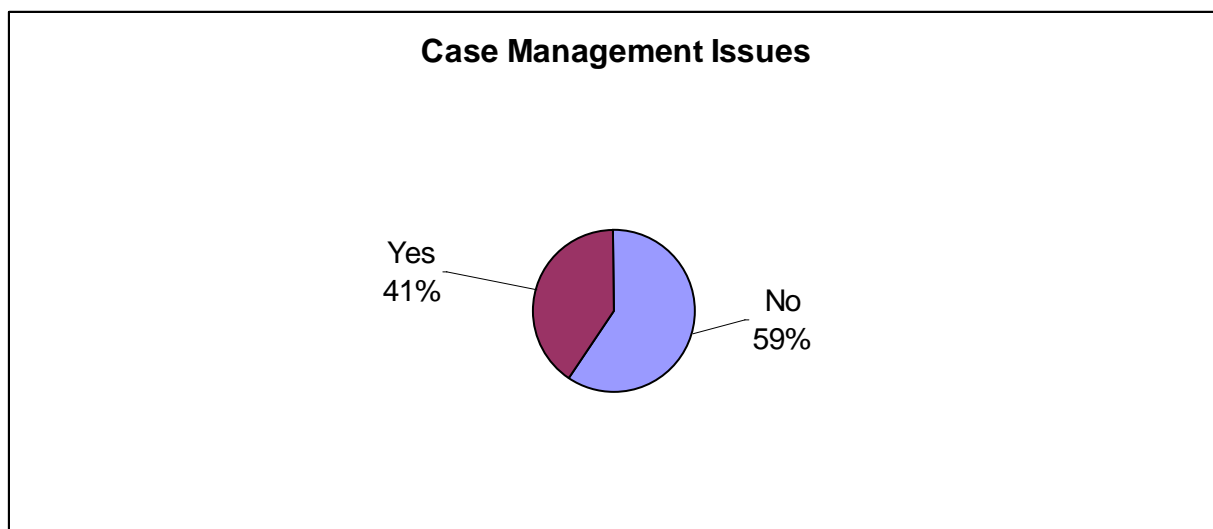
Gender Distribution: Table 12 and Figure 9 indicate the gender distribution for the 625 total cases for January to March 2005. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definitions, legal processes, rules or advocacy groups.

Three hundred and nine (50 percent) were males and 213 (34 percent) were females. One hundred and three cases (16 percent) were not applicable to a specific individual.

Table 13 - Case Management Distribution of Cases From April to June 2005

Case Management Issue	Number	% of Total
No	370	59%
Yes	255	41%
Total	625	100%

Figure 10 - Case Management Distribution of Cases From April to June 2005



Case Management Issue Distribution: During this report period, CSCR staff assessed and tracked each case to determine whether or not case management was a critical element in the case. Table 10 and Figure 8 indicate the percentage of the 625 cases in which case management was a factor. Three hundred seventy cases (59 percent) did not have nor need case management involvement, but 255 cases (41 percent) had or did need case management involvement.

Section C - Location of the Complaint/Concern and Information/Referral cases

Table 14 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs

AP/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	0	5	5	1%
Albemarle	2	3	5	1%
Catawba	1	6	7	1 %
CenterPoint	5	15	20	3 %
Crossroads	4	6	10	2%
Cumberland	4	6	10	2%
Durham	4	6	10	2%
Eastpointe (Duplin-Sampson-Lenoir-Wayne)	5	15	20	3 %
Edgecombe/Nash	2	6	8	1 %
Foothills	4	9	13	2 %
Guilford	2	8	10	2 %
Johnston	1	1	2	Less than 1%
Lee-Harnett	1	5	6	1%
Mecklenburg	3	21	24	4%
Neuse	1	3	4	Less than 1%
New River	1	3	4	Less than 1%
Onslow	6	5	11	2%
Orange-Person-Chatham	3	9	12	2%
Out of State	0	6	6	1%
Pathways	10	11	21	4%
Piedmont-Davidson	9	25	34	6%
Pitt	4	8	12	2%
RiverStone	0	0	0	0%
Roanoke-Chowan	0	3	3	Less than 1%
Rockingham	1	3	4	Less than 1%
Sandhills-Randolph	1	8	9	2%
Smoky Mountain	2	5	7	1%
Southeastern Center	5	17	22	4%
Southeastern Regional	4	14	18	3%
Tideland	4	1	5	1%
Vance-Granville-Franklin-Warren	3	6	9	2%
Wake	6	41	47	8%
Western Highlands (Blue Ridge – Rutherford - Polk - Trend)	8	11	19	3%
Wilson-Greene	0	1	1	Less than 1%
Anonymous	9	25	34	6%
N/A	23	144	167	28%
Grand Total	138	461	599	100.00%
Total Minus Unspecified (N/A and Anonymous)	106	292	398	68%
Mean (Average)	3.83	12.81	16.64	3%
Median (Middle Score)	3	6	10	2%
Mode (Most Common)	1	6	10	2%

The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified.” An important caveat: the data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.

A total of 138 Complaint/Concern and 461 Information/Referral cases were addressed between April to June 2005. Investigations were not included in this table, and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 3.83 and the mean number of Information/Referral contacts per AP/LME is 12.81. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

Section D - Investigations

DMH/DD/SAS receives complaints/allegations regarding a variety of issues such as allegations of client rights, funding, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint or multiple allegations. Therefore, the lead investigator from the CSCR Team and the lead investigator from the Accountability Team collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. For state level investigations, CSCR or Accountability will assume the lead. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as needed. An investigation remains pending until final reports are completed by the responsible parties.

Investigations involve detailed research, collecting and reviewing data/evidence, assessing information and writing reports. All DMH/DD/SAS investigations are logged into the CSCR database along with the total contact responses per case. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, the status of investigations is reported.

Table 15– Total Active Investigations from April and June 2005

Status	Total	% of Total
New Cases Referred from April to June 2005	22	46%
Active Cases Referred Before April 2005	26	54%
Total	48	100%

Figure 11- Total Active Investigations from April and June 2005

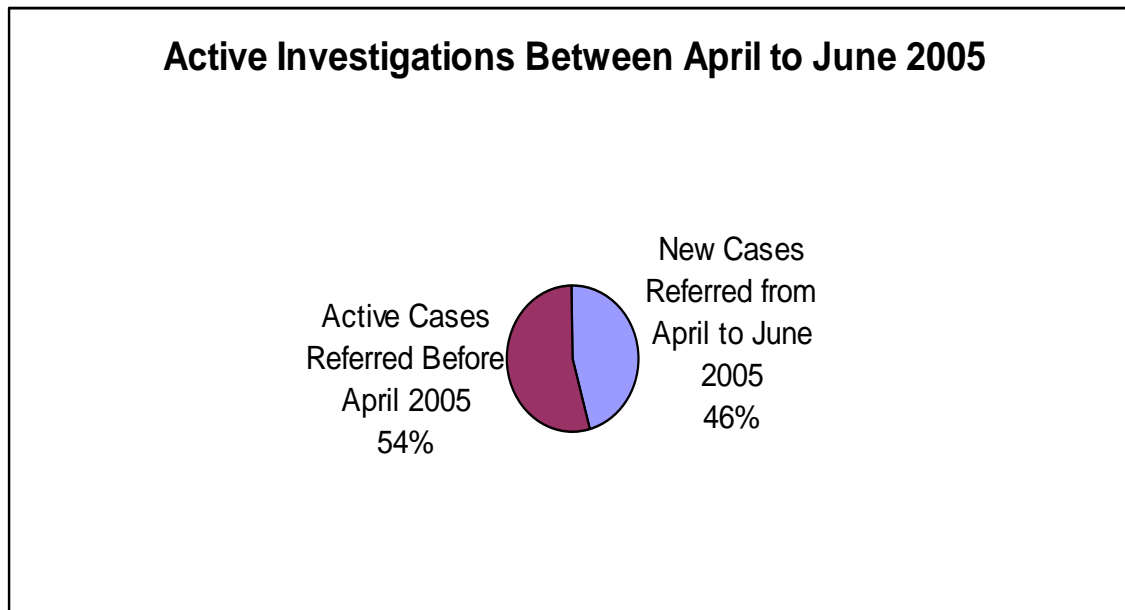


Table 15 and Figure 11 show the total number of active investigations (48) from April to June 2005. In this quarter, 22 investigations (54 percent) were initiated before April 2005. Twenty-six investigations (46 percent) were initiated from April to June 2005.

Table 16 - Investigation Status of Cases Active Between April to June 2005

Status	Total	% of Total
Pending	36	75%
Complete	12	25%
Total	48	100%

Figure 12 - Investigation Status of Cases Active Between April to June 2005

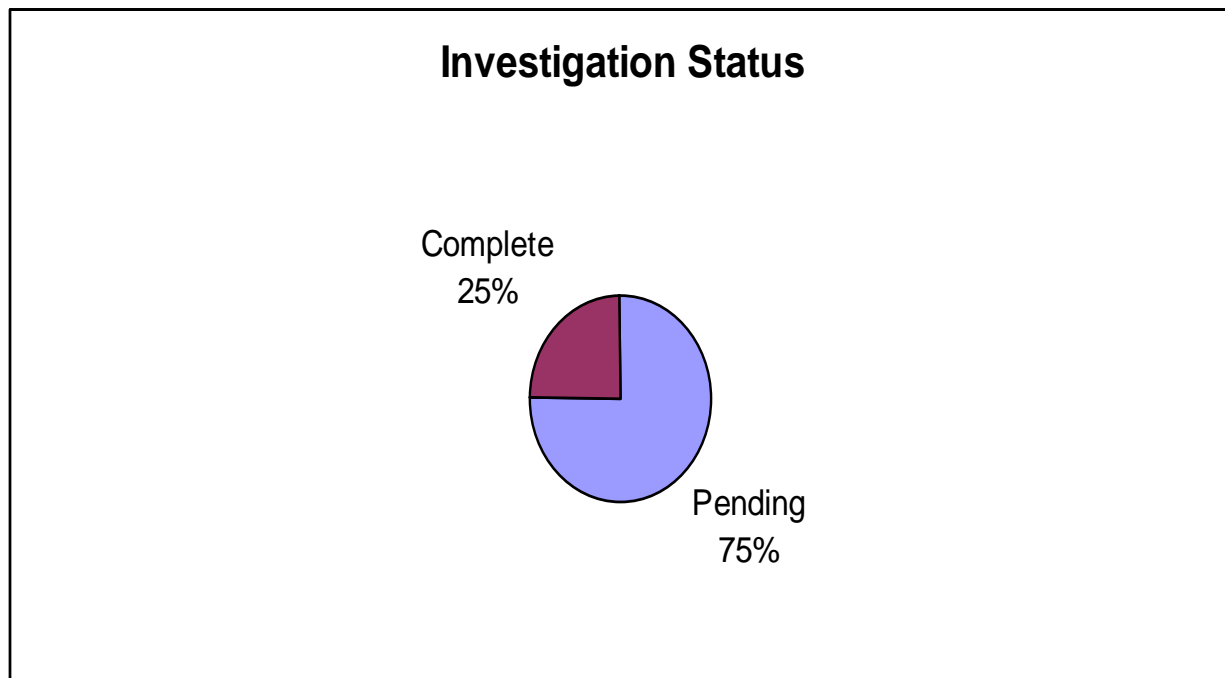


Table 16 and Figure 12 show the status of the investigations that were active during the April to June 2005 quarter. Of the 48 investigations, 12 investigations were closed during this period and 36 investigations are still pending. Many of the investigations remain open in order to allow time for a thorough investigation.

Table 17 - Referral Sources for Investigations Initiated From April to June 2005

Case Referral Source	Total	% of Total
Local MH/DD/SAS Staff	6	22%
Provider Staff	6	22%
DMH/DD/SAS staff	3	12%
Family/Friend	3	12%
Department of Social Services	2	8%
Division of Facility Services	1	4%
Guardian	1	4%
Anonymous	1	4%
Other	3	12%
Total	26	100%

Figure 13- Referral Sources for Investigations Initiated From April to June 2005

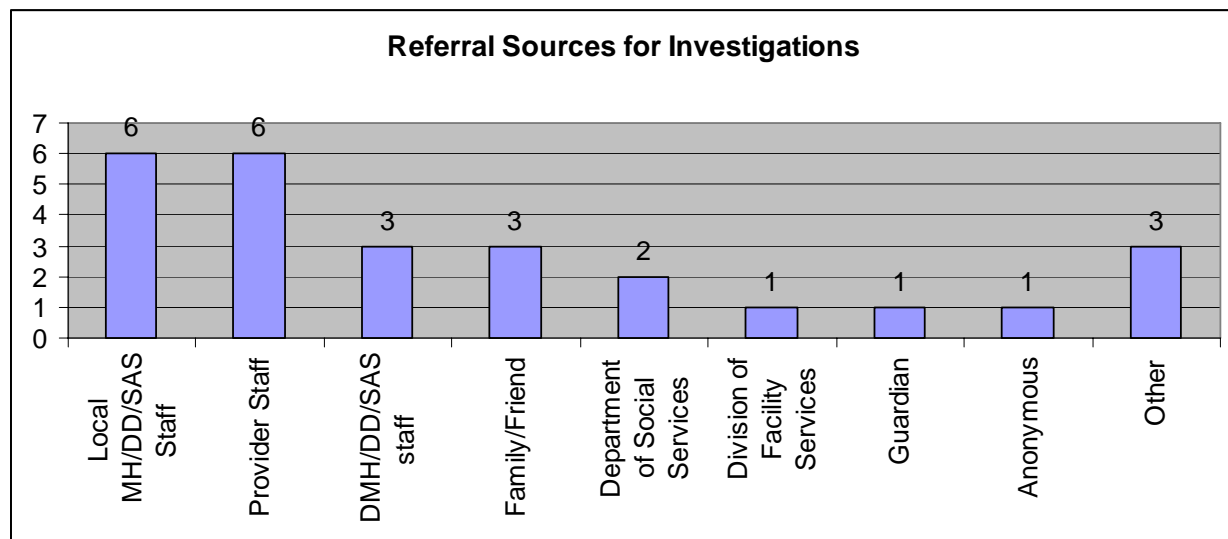
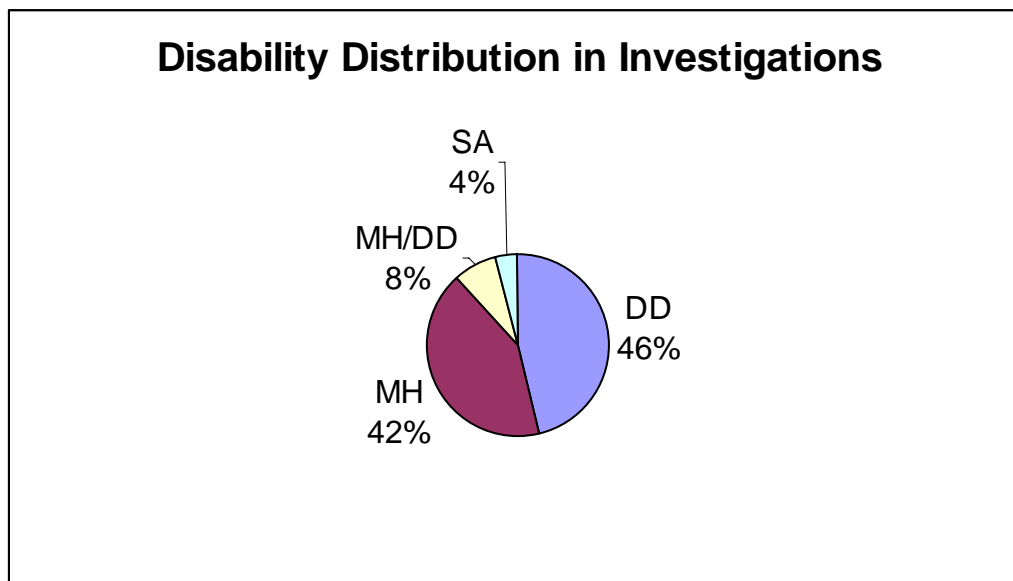


Table 17 and Figure 13 show the referral sources for the 26 investigations. Local AP/LME and provider staff referred the majority of investigations with six (22 percent) cases each. DMH/DD/SAS staff, Division of Facility Services staff and Family/Friends each referred three (12 percent) of the cases. Two local Department of Social Services referred a case for investigation and the Division of Facility Services, a guardian and an anonymous caller each initiated a single case (four percent each). Three cases (12 percent) were referred by “other” sources.

Table 18 - Disability Distribution of Investigations Initiated From April to June 2005

Disability	Total	% of Total
DD	12	46%
MH	11	42%
MH/DD	2	8%
SA	1	4%
Total	26	100%

Figure 14 - Disability Distribution of Investigations Initiated From April to June 2005



Disability Type Representation: Table 18 and Figure 14 show disability groups that were represented in the 26 investigations. Consumers with developmental disabilities represented 12 (46 percent) of the total and 11 cases (42 percent) involved consumers of mental health services. There were two investigations (eight percent) involving persons with a dual diagnoses of MH/DD and one investigation (four percent) involved consumers with a substance abuse diagnosis.

PART II: MEDICAID APPEAL INFORMATION FOR APRIL TO JUNE 2005

There are three appeal levels available to recipients who are appealing decisions regarding DMH/DD/SA Medicaid services: the local AP/LME, the DMH/DD/SAS Hearing and the State Office of Administrative Hearings (OAH). Appellants are given the option to: 1) begin an appeal at the local AP/LME level, 2) request a direct DMH/DD/SAS hearing or 3) appeal directly to OAH. The vast majority of appellants choose to participate in local reviews convened at the AP/LME. When selected and settled, local reviews hasten resolution of the appeal process. The CSCR team members and LME staff work closely with consumers to facilitate local resolutions for appeals in order to obtain speedy decisions. A total of 355 identified responses were made for the 115 appeals and the average monthly number of responses per appeal case was three.

Table 19 - Total Appeals Received by DMH/DD/SAS From April to June 2005

Appeal Type	Total	Percentage
MH/DD/SAS (Regular Medicaid)	100	87%
CAP-MR/DD	15	13%
Total	115	100%

Figure 15- Total Appeals Received by DMH/DD/SAS From April to June 2005

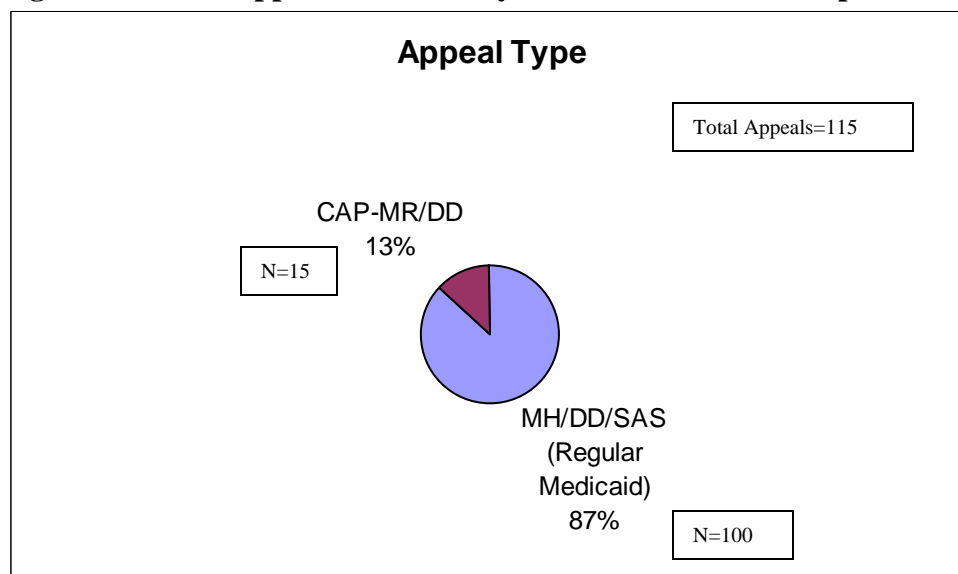
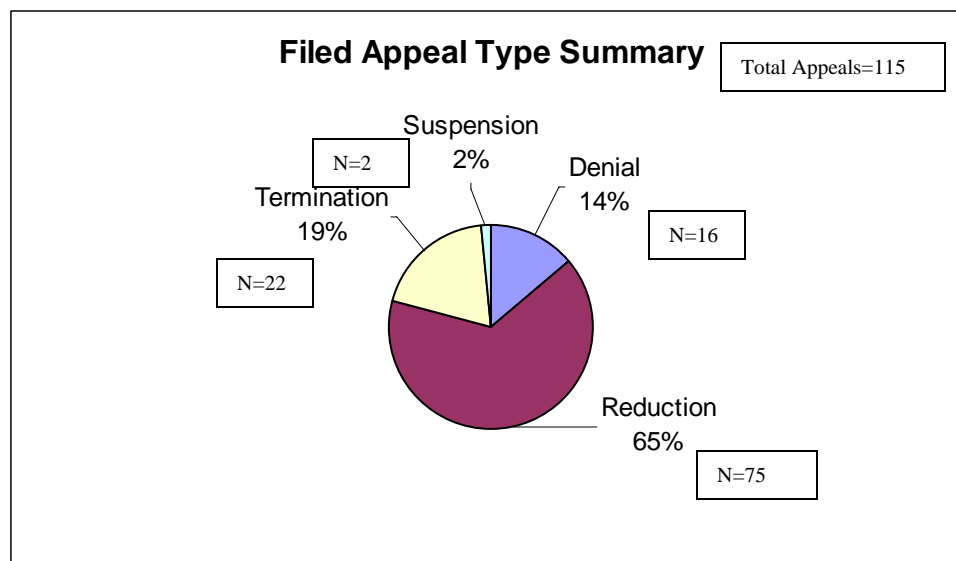


Table 19 and Figure 15 show the total number of appeals that the CSCR Team addressed from April to June 2005. The table refers to both recipients on the CAP-MR/DD waiver and regular MH/DD/SAS recipients who receive Medicaid services but are not on the waiver. The CSCR team members addressed 115 Medicaid Appeal requests during this period. Appeals are filed to the Customer Service and Community Rights Team in order to provide consumers with direct information about the appeal process. Appeals involving regular Medicaid recipients of MH/DD/SA services account for 100 out of 115 (87 percent) of the appeal cases during the three months, while CAP-MR/DD Waiver recipients account for fifteen out of 115 (13 percent).

Table 20 – Types of All Medicaid Appeals Filed

Appeal Type	Total	% of Total
Reduction	75	65%
Denial	16	14%
Termination	22	19%
Suspension	2	2%
Total	115	100%

Figure 16 - Types of All Medicaid Appeals Filed



Types of Medicaid Appeals: AP/LME’s Utilization Review Teams make authorization decisions about Medicaid services based on medical necessity and are required to send Medicaid recipients written notification of their right to appeal any of the following decisions: *reduction of service*, *suspension of service*, *termination of service* and *denial of requests for a different service or an increased volume of a current service* (42 CFR 431. Sub-Part E).

Table 20 and Figure 16 demonstrate the types of Medicaid Appeals that were filed during this reporting period. The data shows that the majority of the appeals (65 percent) are for *reduction of service* (such as the reduction from Level III residential to Level II). *Termination of service* (such as a decision to end individual outpatient therapy) accounted for the second highest appeal type in this period representing 19 percent of the appeals. *Denial of requested service* (such as denial of allowable equipment in CAP-MR/DD or a denial of a request to step up from Level II to Level III residential service) accounted for 14 percent of the appeals filed in this period. *Suspension of services* (such as suspension from a clubhouse program) accounted for two percent of the appeals during this period.

Table 21 - AP/LME Distribution of Medicaid Appeals For April to June 2005

AP/LME	Total	% of Total
Southeastern Regional	40	35%
Pathways	28	24%
Eastpointe	12	10%
Piedmont-Davidson	6	5%
Mecklenburg	5	4%
Catawba	4	3%
Southeastern Center	4	3%
Sandhills	3	3%
Neuse	2	2%
Rockingham	2	2%
Albermarle	1	1%
Centerpoint	1	1%
Cumberland	1	1%
Durham	1	1%
Guilford	1	1%
Johnston	1	1%
Orange-Person-Chatham	1	1%
Pitt	1	1%
Western Highlands	1	1%
Total	115	100%

AP/LME: Table 21 shows the AP/ LME associated with the 115 Medicaid Appeals. Medicaid appeal requests were received from recipients residing in 19 different catchment areas. The table reflects mergers in process during the report period. **In no way should a high AP/LME appeal percentage be attributed to more severe clinical decisions by the AP/LME. In fact, a high appeal volume likely indicates that the LME is providing recipients with a thorough education of the due process system.** Appeals from Southeastern Regional accounted for 40 appeals (35 percent) and appeals from Pathways accounted for 28 appeals (24 percent). Twelve appeals (10 percent) were submitted for Eastpointe, six appeals (5 percent) were submitted for Piedmont-Davidson and four appeals each (3 percent) were submitted for Catawba and Southeastern Center. Sandhills submitted three appeals (3 percent) while Neuse and Rockingham submitted two appeals each (2 percent). A single appeal (1 percent) was submitted for each of the following LMEs: Albermarle, Centerpoint, Cumberland, Durham, Guilford, Johnston, Orange-Person-Chatham, Pitt and Western Highlands.

Table 22 - Sources of Medicaid Appeals for April to June 2005

Filed By	Total	% of Total
Family/Guardian	102	89%
Self	12	10%
DSS	1	1%
Total	115	100%

Figure17- Sources of Medicaid Appeals for April to June 2005

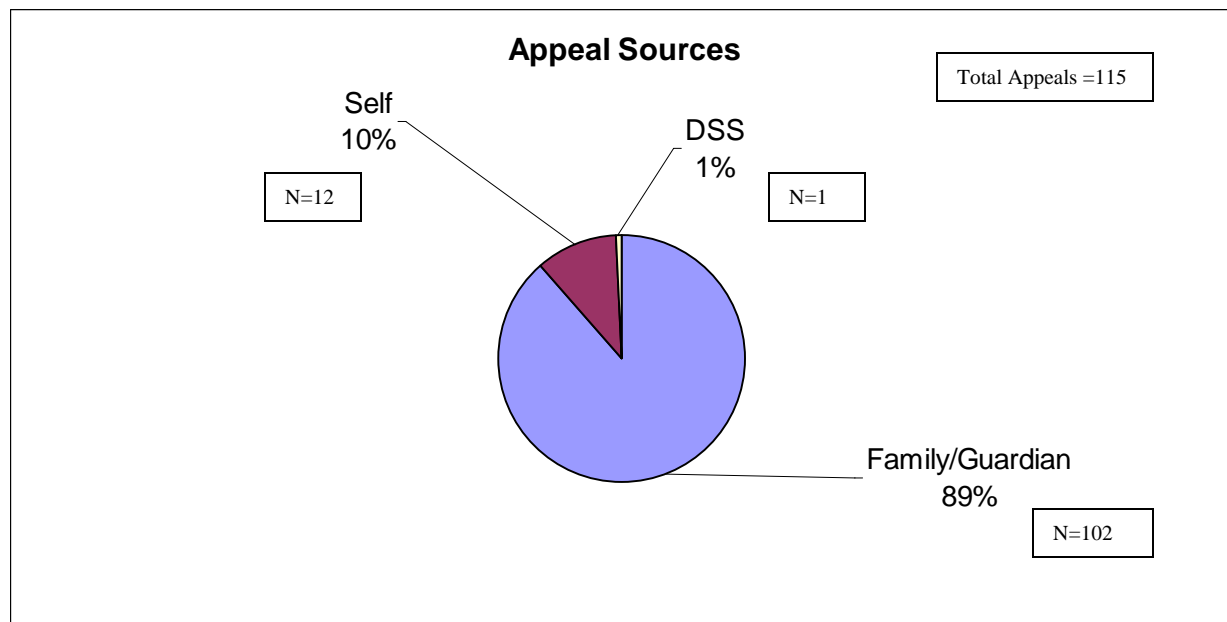
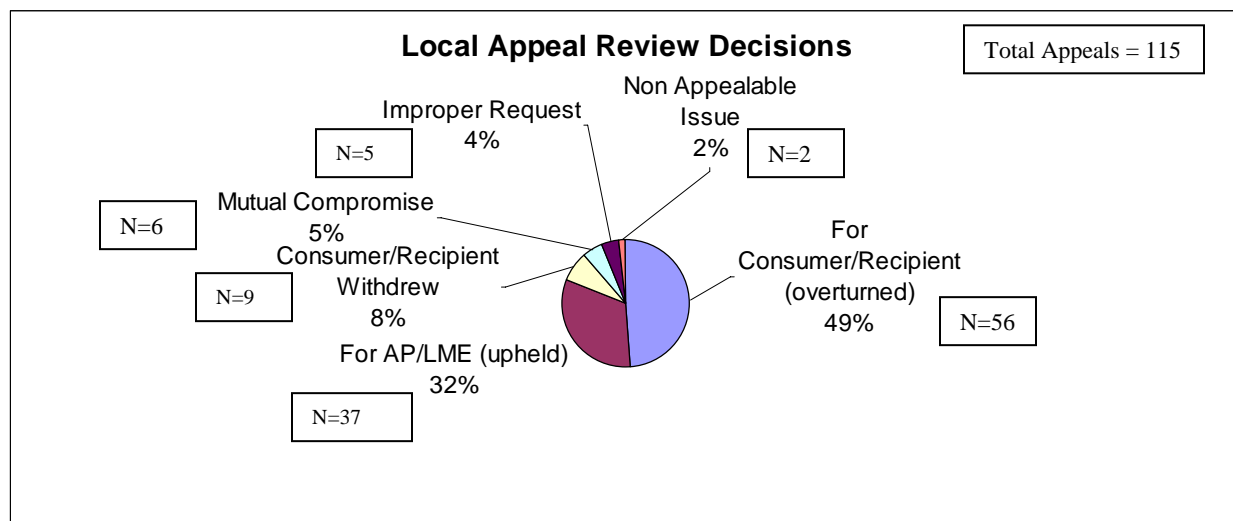


Table 22 and Figure 17 show the specific sources of the appeals. Only a Medicaid recipient or his/her legal guardian has the legal right to file a Medicaid Appeal according to Federal law (42 CFR 431. Sub-Part E). Note that 102 out of 115 appeals (89 percent) are initiated by a Guardian other than the Division of Social Services. Twelve appeals (10 percent) were filed directly by the consumer. The Division of Social Services, as the consumer's guardian, filed one appeal (one percent).

Table 23 - All AP/LME Local Review Decisions (April to June 2005)

AP/LME Local Review Decisions	Total	% of Total
For Consumer/Recipient (overturned)	56	49%
For AP/LME (upheld)	37	32%
Consumer/Recipient Withdrew	9	8%
Mutual Compromise	6	5%
Improper Request	5	4%
Non Appealable Issue	2	2%
Total	115	100%

Figure 18 - All AP/LME Local Review Decisions (April to June 2005)

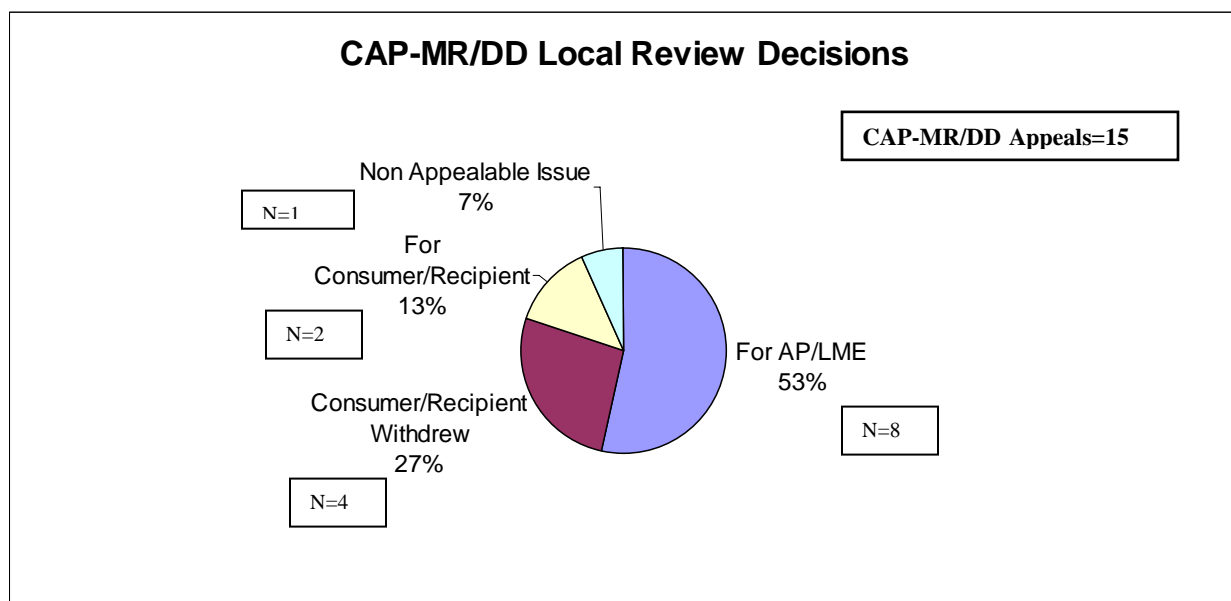


AP/LME Local Review Decisions: Table 23 and Figure 18 show the local AP/LME review decisions for all appeals from April to June 2005. Of the 115 appeals filed, local reviews overturned the original decision and ruled in favor of the consumer/appellant in 56 (49 percent) of the reported total and the AP/LME local reviews upheld the original decision in 37 (32 percent) of the reported total appeals. The AP/LME local reviews found a mutual decision in which the AP/LME and the appellant compromised in six (five percent) of the reported total. Nine consumers (eight percent) withdrew their appeals prior to the hearing. Five appeals (four percent) were dismissed due to having been an improper request and two appeals (two percent) were dismissed due to having been a non appealable issue (the issue could not legally have been appealed).

Table 24 – CAP-MR/DD Local AP/LME Review Decisions (April to June 2005)

AP/LME Decision on CAP-MR Appeals	Total	% of Total
For AP/LME	8	53%
Consumer/Recipient Withdrew	4	27%
For Consumer/Recipient	2	13%
Non Appealable Issue	1	7%
Total	15	100%

Figure 19 - CAP-MR/DD Local AP/LME Review Decisions (April to June 2005)



CAP/MR-DD Local Decisions: Table 24 and Figure 19 show the sub-set of appeals filed by CAP-MR/DD Waiver recipients. The AP/LME upheld the original decision in eight cases (53 percent) of the reported total and AP/LME local reviews were in favor of the consumer/appellant in four cases (27 percent) of the reported total. The consumer withdrew the appeal in four cases (27 percent) and in one case (7 percent) the issue could not legally be appealed.

DMH/DD/SAS Requested State Medicaid Appeal Hearings

Table 25- All DMH/DD/SAS Requested Hearings

DMH/DD/SAS Hearing	Total	% of Total
Consumer/Recipient Withdrew	89	77%
For AP/LME (Upheld)	16	14%
Abandoned Hearing	4	3%
For Consumer/Recipient	3	3%
Not Appealable Issue	1	1%
Mutual N/A	1	1%
Pending	1	1%
Total	115	100%

Figure 20 - DMH/DD/SAS Scheduled Hearings (April to June 2005)

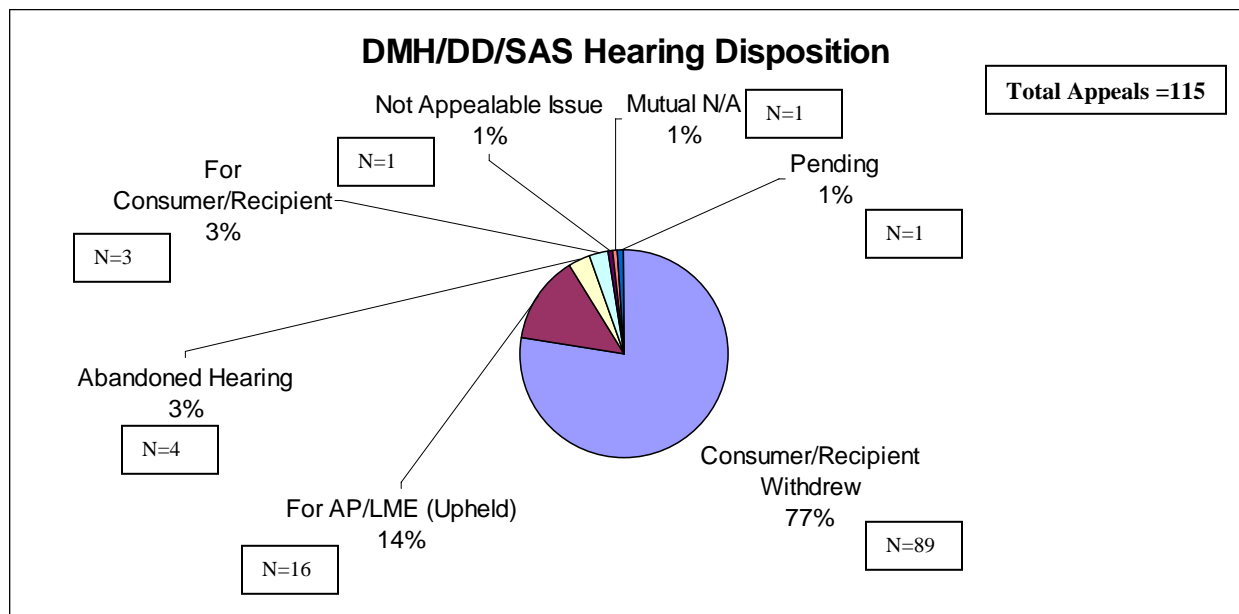
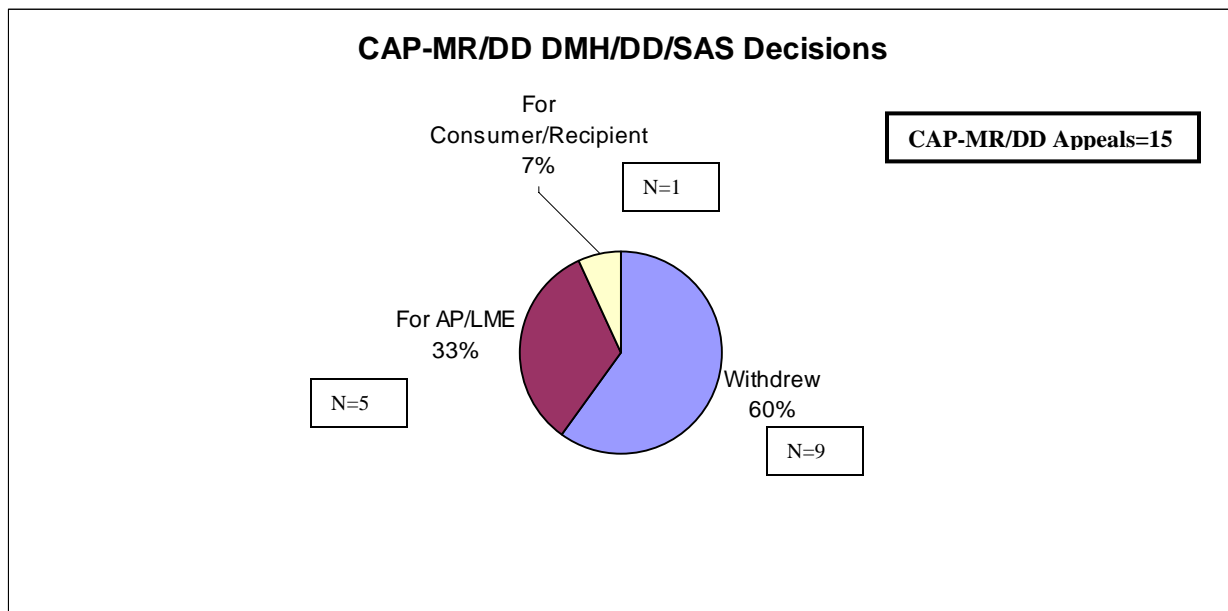


Table 25 and Figure 20 show information for the 115 appellants that requested a State hearing by the Division Affairs Team of the Operations Support Section of DMH/DD/SAS during this period. Eighty-nine of the one hundred and fifteen (77 percent) hearing requests were withdrawn prior to the scheduled hearings largely because they were resolved locally. The DMH/DD/SAS hearing officers ruled in favor of the consumer/recipient and overturned the decision of the AP/LME in three of the 19 hearings held and the hearing officer upheld the AP/LME's local review decision in 16 of the 19 hearings convened. Four of the consumers abandoned the appeal prior to the hearing, one appeal was resolved with a mutual compromise and one hearing is pending at the time of this report.

Table 26 – CAP-MR/DD DMH/DD/SAS Hearing Decisions (April to June 2005)

DMH/DD/SAS Decision on CAP-MR/DD Appeals	Total	% of Total
Withdrew	9	60%
For AP/LME	5	33%
For Consumer/Recipient	1	7%
Total	15	100%

Figure 21– CAP-MR/DD DMH/DD/SAS Hearing Decisions (April to June 2005)



CAP/MR-DD DMH/DD/SAS Decisions: Table 26 and Figure 21 show the sub-set of appeals by CAP-MR/DD Waiver recipients. Six of the nineteen hearings (31 percent) convened during the period involved CAP-MR/DD appeals. Nine of the DMH/DD/SAS hearing requests were withdrawn (60 percent) by the consumer/recipient or legally responsible person. Many of the withdrawn requests were addressed locally. The DMH/DD/SAS hearing officer ruled in favor of the consumer/recipient in one of the hearings (seven percent) and upheld the AP/LME decision in five of the CAP-MR/DD hearings (33 percent) filed with DMH/DD/SAS.

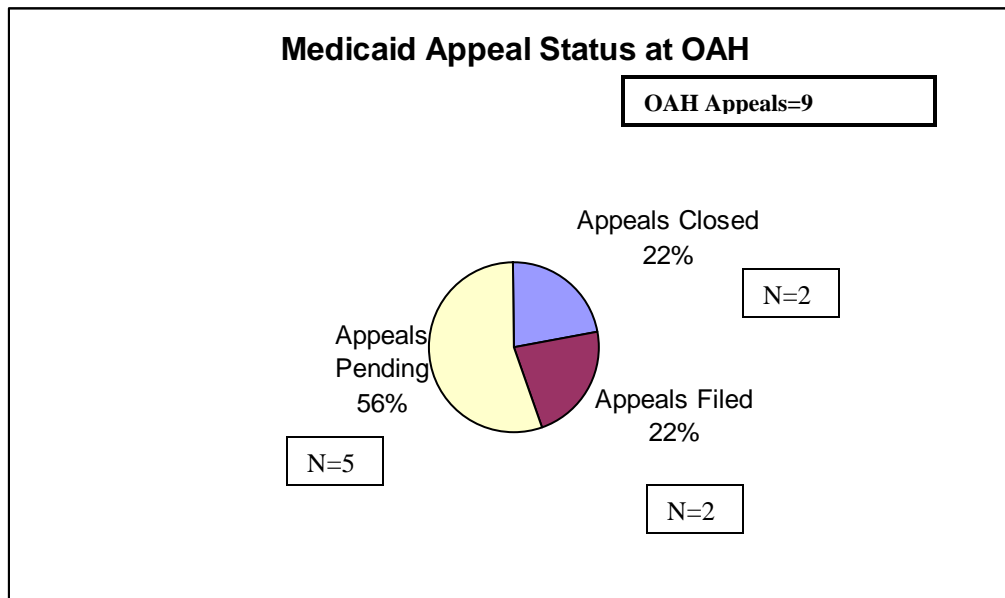
MEDICAID APPEALS FILED TO THE OFFICE OF ADMINISTRATIVE HEARINGS (OAH)

Appeals Filed: Medicaid recipients have the legal right to appeal directly to OAH and by-pass the DMH/DD/SAS appeal system or appeal to OAH at any time after they have appealed to DMH/DD/SAS. A total of 9 appeals were under review by the OAH during the April to June 2005 period. Two new Medicaid petitions were filed to OAH and two Medicaid appeals were closed during this period. All four of the new and closed cases involved CAP-MR/DD services. Both of the two cases that were closed were dismissed. Five Medicaid Appeals are pending at this time and four of the five involved CAP-MR/DD services.

Table 27- Office of Administrative Hearings Status on Medicaid Appeals

Appeal Status	Number of Cases	% of Totals
Appeals Closed	2	22%
Appeals Filed	2	22%
Appeals Pending	5	56%
Total Appeals	9	100%

Figure 22- Office of Administrative Hearings Status on Medicaid Appeals



CUSTOMER SERVICE AND CONSUMER RIGHTS TEAM

CURRENT DEVELOPMENTS

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team and the responses to cases are increasing significantly. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations are quickly initiated in collaboration with other investigation agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The majority of investigations were referred by local MH/DD/SAS staff and provider staff and involved multiple issues. As a result, the majority of cases require a very large amount of time and collaboration between many agencies.
- 3) The Quarterly Complaint Trend Report is being developed collaboratively with LME representatives and the DMH/DD/SAS Quality Management Team. This report will provide information on trends across the State and will be used for quality improvement processes.
- 4) The training curriculum for AP/LME Customer Service and Consumer Rights offices is being revised based on comments from consumers, families and LME staff. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Rights office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Community Rights Team is available to work with APs/LME in providing technical assistance to Customer Service offices and Client Rights Committees regarding the Policy for Consumer Complaints to an Area/County Program or any other functions of the Customer Service and Consumer Rights offices.